

Physical Ability and Working Environment Requirements:

Job Classification _____

Department _____

Pos. No. _____

Incumbent Name _____

Title and Name of Person Completing Worksheet _____

Date _____

Use the categories below to complete the "Time Spent" and "Frequency" column for those Physical Activities and Working Environments experienced on this job.

TIME SPENT COLUMN

S - Significant = 25% or more O - Occasional = 5% or less
 M - Moderate = 6-24% N - Never

FREQUENCY COLUMN

D - Daily M - Monthly N - Never
 W - Weekly O - Occasionally

Place the number (from the Essential Functions Worksheet) of each task associated with a Physical Activity to the right of that Activity.

Physical Activities	Time Spent	Frequency
Sitting		
Standing		
Walking		
Running		
Kneeling		
Pushing		
Pulling		
Climbing		
Other		

Working Environment	Time Spent	Frequency
Extreme Cold		
Extreme Heat		
Extreme Noise		
Working Outdoors		
Vibration		
Confining Working Space		

Physical Activities	Time Spent	Frequency
Bending		
Crouching		
Stooping		
Squatting		
Crawling		
Twisting Upper Body		
Driving		
Use of tools/equipment (list)		

Working Environment	Time Spent	Frequency
Explosive Materials		
Mechanical Hazards		
Dust, Dirt, Grease		
Odors/Fumes		
Infectious Disease		
Use Protective Devices (masks, goggles, gloves, etc.)		

Chemicals						
Average work hours per week:			Shift (hours & days):			
Physical Ability and Working Environment Requirements (continued):						
<u>TIME SPENT COLUMN</u>		<u>FREQUENCY COLUMN</u>				
S - Significant = 25% or more M - Moderate = 6-24%		O - Occasional = 5% or less N - Never		D - Daily W - Weekly		
		M - Monthly O - Occasionally		N - Never		
				Time Spent	Frequency	
Up to 10 lbs.	Lifted from _____ inches to maximum height of _____.					
Up to 20 lbs.	Lifted from _____ inches to maximum height of _____.					
Up to 35 lbs.	Lifted from _____ inches to maximum height of _____.					
Up to 50 lbs.	Lifted from _____ inches to maximum height of _____.					
Up to 75 lbs.	Lifted from _____ inches to maximum height of _____.					
Up to 100 lbs.	Lifted from _____ inches to maximum height of _____.					
Over 100 lbs.	Lifted from _____ inches to maximum height of _____. Maximum _____ lbs.					
Repetitive use of hands:				Time Spent	Frequency	
_____ Simple grasping: normal weight _____						
_____ Pushing/pulling: normal weight _____						
_____ Fine manipulation (describe): _____ _____						
Repetitive use of foot or feet in operating machine controls:						
_____ Not Required						
_____ Required (describe frequency & pressure required): _____ _____						